



# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Radharc an Inbhir
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	09 March 2018
Centre ID:	OSV-0004966
Fieldwork ID:	MON-0020992

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Radharc An Inbhir comprises of two separate homes, Lisdeen Kilkee Co Clare and Moyadda Kilrush Co Clare, which are managed by the Brothers of Charity Ireland. Both homes offer an individualised service to adults with intellectual disabilities. Lisdeen is home to one individual female over the age of 18 years and Moyadda provides a part time residential placement to two individuals, male or female, over the age of 18.

**The following information outlines some additional data on this centre.**

Current registration end date:	19/08/2021
Number of residents on the date of inspection:	3

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
09 March 2018	10:00hrs to 18:00hrs	Cora McCarthy	Lead

## Views of people who use the service

The inspector met with the resident residing in this centre off site at their day service. The resident had some communication difficulties but was able to indicate that they were happy in the centre and wished to remain there. The resident appeared very relaxed and comfortable in the presence of support staff and it was noted that the resident seemed to have a positive relationship with staff. The resident interacted with the inspector on their own terms and was joking and smiling. The inspector observed that the residents were comfortable with the care and support provided by the staff at the time of meeting. It was noted by the inspector that the residents were familiar with the person in charge and interacted in a very positive manner with them.

## Capacity and capability

The inspector found the capacity and capability of the provider supported the delivery of a safe quality service.

The provider had ensured that there was a good governance and management structure in place to ensure that a good quality and safe service was provided to the resident. The person in charge provided effective leadership, governance and was knowledgeable regarding the regulations and their statutory responsibilities.

There were adequate staff resources and skill mix to meet the residents' assessed needs thus ensuring a high standard of care to the resident. Staff were appropriately trained and there was a competent workforce in place and a staff training matrix was available to view.

The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance with the regulations. In addition, the annual review and the unannounced six-monthly audit completed by the provider, of their assessment of the quality of care and service provision in this centre evidenced that actions had been taken to address identified issues. The annual review included a section for consultation with family members and the feedback was very positive. The resident and staff could raise any concerns regarding the quality and safety of care delivered.

The service being delivered to the resident was observed to be in keeping with the centre's current statement of purpose.

The required policies to inform and guide staff practices when supporting residents and their needs were available.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of the centre and had submitted all information as prescribed; however, some improvements were required with regards to the floor plans which were submitted.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The person in charge had the necessary experience and educational and management qualifications for the post.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that an appropriate number, qualification and skill mix of staff were employed to meet the assessed needs of the resident. Furthermore the providers recruitment process ensured that all staff documentation required under schedule two of the regulations was obtained. The person in charge ensured that there was a planned and actual staff rota and it was appropriately maintained.

Staff were familiar with the residents' needs and their was continuity of care.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff received formal and informal supervision by the management team which proved effective in providing a safe service to residents. Staff had received the appropriate mandatory training and also training in areas of good practice.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents which outlined a summary of the services and facilities provided and the terms and conditions relating to residency.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there were robust governance and management structures in place to oversee the operational management of the service and to provide appropriate oversight of the quality of care provided. There was a clearly defined management system that identified the lines of authority and accountability, specific roles, and details responsibilities for all areas of service provision. These management systems ensured that the service provided was safe, appropriate to residents needs and consistent.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider and the person in charge ensured that each resident had the opportunity to visit the designated centre prior to admission. A tenancy agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained the information as outlined in Schedule 1 of the regulations. The provider

made a copy available to the residents and their families.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider maintained a record of all notifications submitted to the Chief Inspector. The inspector viewed a sample of accident and incident forms and found that the person in charge had notified the authority of all adverse incidents.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had put in place an effective complaints procedure which was in an accessible format, included an appeals process and was displayed in a prominent position in the centre. The provider had ensured that all complaints were appropriately responded to in a prompt manner in line with policy. There were no open complaints at the time of inspection.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All of the required Schedule 5 policies had been reviewed within the required time frame.

Judgment: Compliant

## Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the resident health and social needs were completed to a high standard and were effective in meeting the needs of the residents. However, residents' goals, although clearly identified, were more



functional in nature than aspirational. There was a staff member identified to support the resident and a time frame in place for achieving these goals.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse.

Overall, the centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in its safe administration. There was evidence of medication audits however improvement was required in learning from medication errors.

The resident was supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of a day service and many community facilities and amenities.

The resident required a referral to a dietitian in order to develop individualised supports and to inform and guide staff practices. The inspector noted that there was adequate food, drinks and snacks available to the resident.

The resident had their own bedroom, access to shared spaces and a spare room for visitors of choice to stay over at the residents request.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the resident were observed to be person centred and positive in nature.

The inspector noted that the resident said they were happy living in the centre. While the inspector noted that overall the premises was homely and comfortable the outdoor space was poor and required improvement.

There was a risk management policy in place to address the risks present to the resident, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register which they were. Examples of these would be missing persons, injury to a resident, behaviours of concern and choking risks.

There were systems in place and supports available to manage behaviours of concern in the centre and behaviour support plans were comprehensive and were reviewed regularly.

Restrictive practices had been in place in the centre but were reviewed regularly in line with best practice and had since been removed.

## Regulation 10: Communication

The resident had individual communication supports as recommended by an allied health professional outlined in their personal plan. However these recommendations had not been adhered to. Examples of these would be the introduction of a visual schedule, choice board and timer.

Judgment: Substantially compliant

## Regulation 17: Premises

The inspector observed that the resident's home was maintained to a high standard and was warm and homely. Areas that required improvement included the outdoor area which had no lawn or leisure space.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider had ensured that all risk management plans had been regularly reviewed.

Judgment: Compliant

## Regulation 28: Fire precautions

The centre had a robust fire management system in place. The house had appropriate fire precautions in place and staff were conducting regular checks of emergency lighting, exits, fire doors, fire extinguishers and the fire alarm panel. The provider had ensured that all fire precautions were serviced as required and emergency procedures were on display. Regular fire drills were occurring in the centre which indicated that the resident could be evacuated in a prompt manner. Staff had a good understanding of evacuating the resident and were supported by a personal emergency egress plan.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. There was evidence of medication audits however improvement was required in learning from medication errors. All records viewed were in line with the providers policy and best practice.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The resident had a personal plan in place which included an assessment of their health and social care needs and which was reviewed on an annual basis following consultation with the resident and their representatives. Plans were also reviewed on a regular basis by each resident's key worker. Improvement was required in providing the resident with the necessary supports for goal setting and achievement.

Judgment: Substantially compliant

## Regulation 6: Health care

Overall the health and well being of the resident was promoted in the centre. Each resident had access to a general practitioner of their choice.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The staff members with whom the inspector spoke had a good understanding of supporting the resident with behaviours of concern, Where behaviours of concern were identified these were supported by a plan of care to ensure that consistency of care was provided to the resident.

Judgment: Compliant

## Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Radharc an Inbhir OSV-0004966

Inspection ID: MON-0020992

Date of inspection: 09/03/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>An electronic version of floor plans including dimensions was submitted on May 18<sup>th</sup> 2018. The Statement of Purpose Revision 2 was updated and submitted on the 6<sup>th</sup> June 2018.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> <li>Following on from a meeting with PIC and PPIMs a detailed schedule will be developed to implement the communication supports which have been recommended.</li> <li>This plan will include a time frame in which we will introduce different aspects of the report. Providing evidence of the implementation will also be agreed.</li> <li>Communication will be part of the agenda at team meetings.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>Meeting will take place with all residents and key workers in relation to their needs.</li> <li>Outdoor planters and possible raised beds to be discussed with residents and staff.</li> <li>Maintenance of outdoor areas to be addressed at intervals during the year.</li> </ul>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"><li>• Annual reviews will continue with residents or as required</li><li>• A new planning template is available and will be implemented with the new planning year. These new plans will include more aspirational goals for individuals.</li><li>• Training will be completed by staff who are part of the planning procedures for individuals.</li></ul>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	06 June 2018
Regulation 10(3)(c)	The registered provider shall ensure that where required residents are supported to use assistive technology and aids and appliances.	Substantially Compliant	Yellow	30 July 2018
Regulation 17(1)(b)	The registered provider shall ensure the	Substantially Compliant	Yellow	30 September 2018

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31 October 2018